

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	sm		3/2/00
O.I.P.E. CLASSIFIER		12	3/1/00
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			
	59573		4-24-00

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# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1			6/2/02
2			12/17/02
3			5/1/03
4			12-19-02
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
 staple additional sheet h r

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